

Name
in
Full

Gibbert Allen

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Died at Stockton		County Worcester		MARYLAND	
Date of death 1908	Month December	Day 16 th	Years	Months 3	Days 16
Sex Female	Color or Race Negro	Occupation			
Married, Single or Widowed					
Name of Wife or Husband					
Father's Name	Robert Allen jr			Father's Birthplace	Stockton
Mother's Maiden Name	Edna Bullock			Mother's Birthplace	Stockton
Name of person giving information	Robert Allen			How related to deceased	Father

CAUSES OF DEATH

Primary

Broncho-Pneumonia

How long

5 or 6 days

Immediate

Dyspnoea

How long

24 hours or more

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

P J Parker

Stockton Md

Accident or Suicide?



Name
in
Full

Dorothy Bell

CERTIFICATE OF DEATH

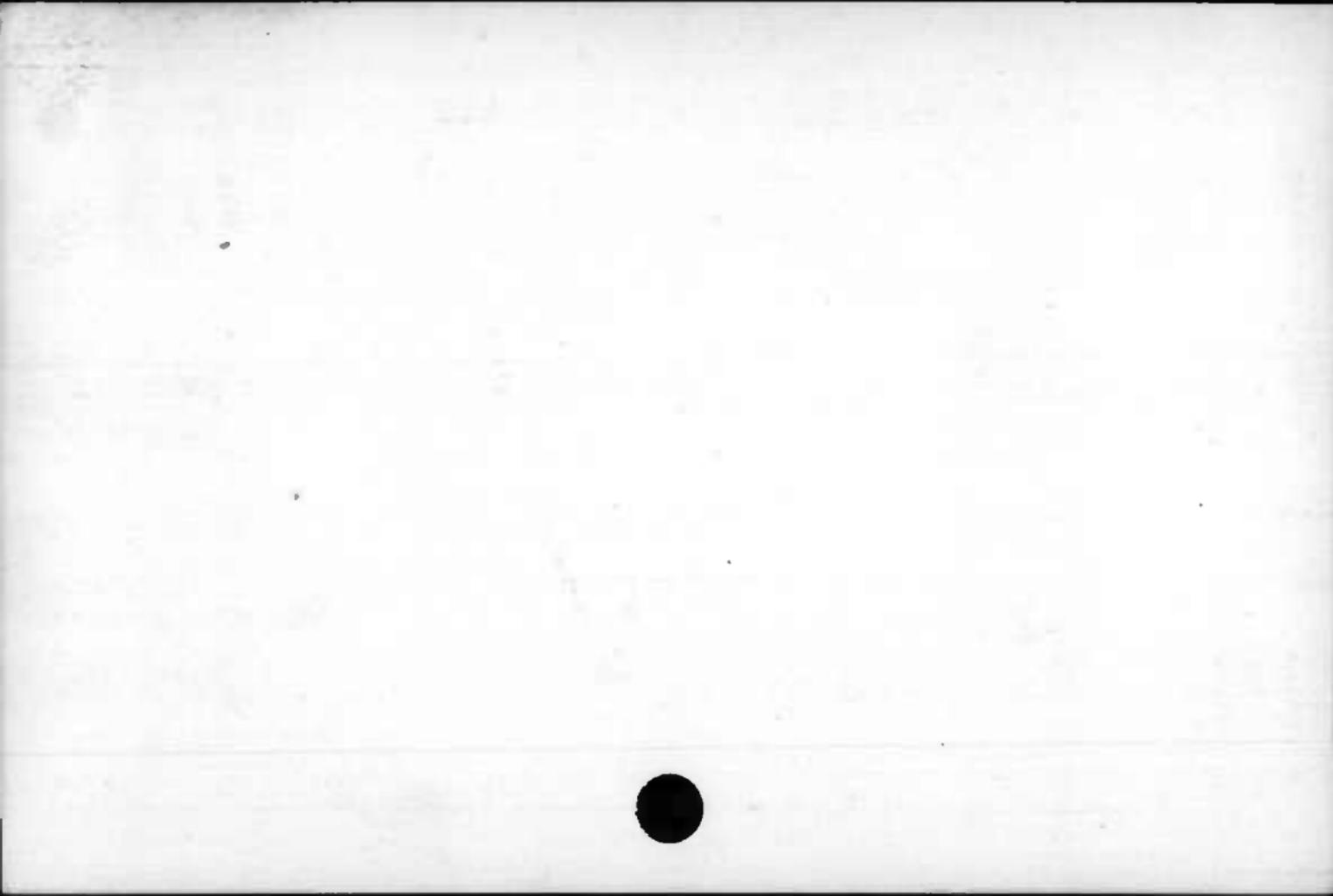
TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death 1905	Month Dec	Day 28	Years 5
Sex female	Color or Race white	Birth-place Maryland.	
Occupation	Where Residing if not at place of death	1	
Married, Single or Widowed	Name of Wife or Husband	1	
Father's Name	George Upshur Bell	Father's Birthplace	Md
Mother's Maiden Name	Elynda R. Brittingham	Mother's Birthplace	Md.
Name of person giving information	J. Upshur Bell	How related to deceased	Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Acute Bronchitis	(90)	How long	8 days
Immediate	Adenoiditis		How long	3 days
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	J. M. Nelson M.D.	
Address			Pocomoke City	
Accident or Suicide?	1			



Name
in
Full

Eugene Brittingham

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at	Town	Worcester	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days	
190	Dec	27	2	2	1	
Sex	Male	Color or Race	Black	Birth-place	Snowville	
Occupation				Where Residing if not at place of death		
Married, Single or Widowed	Single	Name of Wife or Husband				
Father's Name	Laddell Brittingham			Father's Birthplace	Snowville	
Mother's Maiden Name				Mother's Birthplace	Snowville	
Name of person giving information				How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Typhoid

How long

four weeks

Immediate

Peritonitis

How long

24 hours

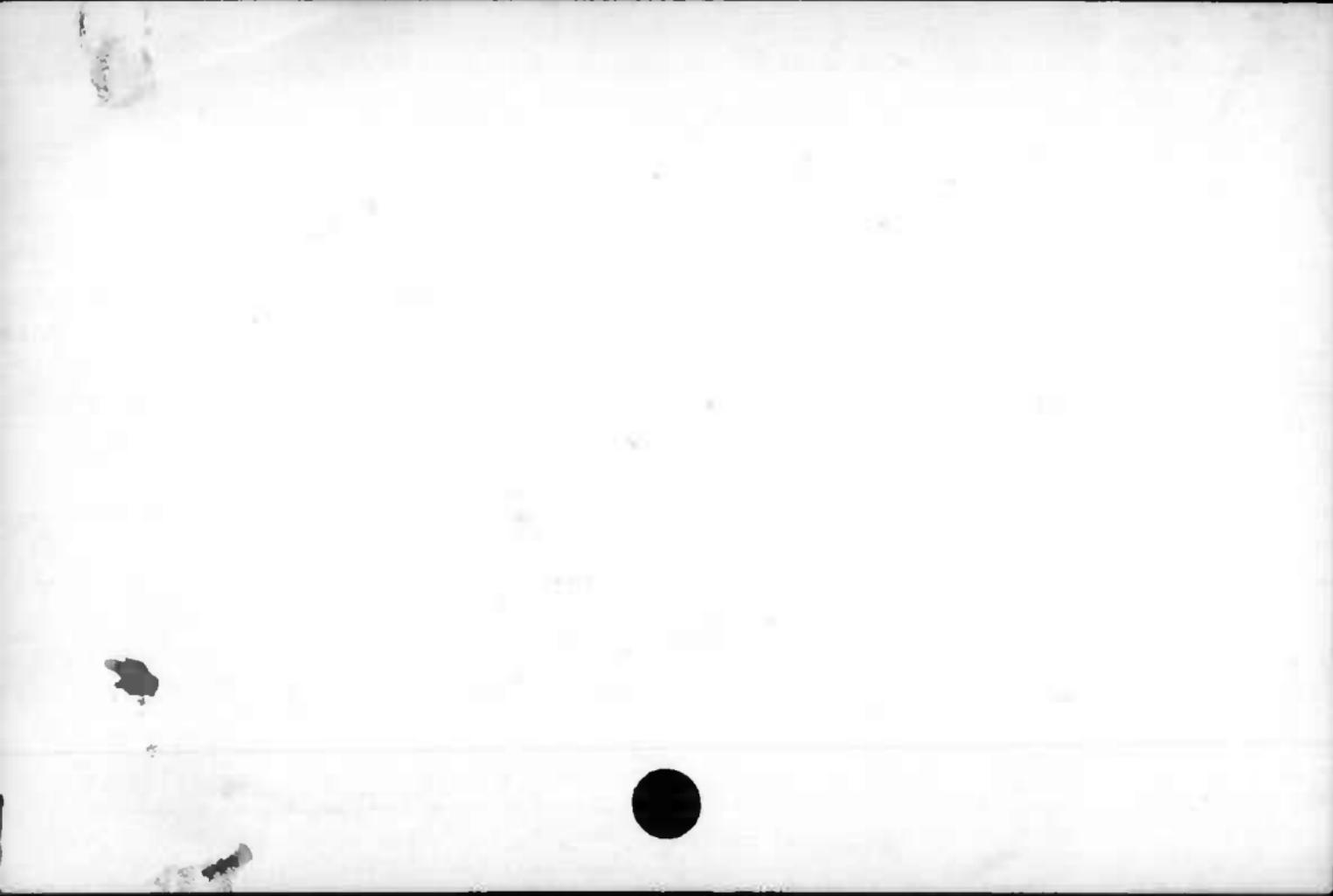
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

W.P. Elliott
Snowville

Accident or Suicide?



Name
in
Full

John Chesser

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death	Month	Day	Years	Months Days
Sex	Color or Race	Age		
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband			
Father's Name	Father's Birthplace			
Mother's Maiden Name	Mother's Birthplace			
Name of person giving information	How related to deceased			

Poconos, Pa.

Aug 1905 19 30

Male colored

Labourer

Young

Jas Bevans

Betty Chesser

Jane Ruer

Landlady

Accomac Co

Poconos, Pa.

Accomac Co

Landlady

CAUSES OF DEATH

Primary	Phthisis Pulmonalis	How long	3 yrs
Immediate	Congestion of Lungs & Throat	How long	a week
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	J. M. Sullivan
Address	Palomoke, Pa.		

PHYSICIAN
OR CORONER

Accident or Suicide?

Name
in
Full

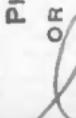
Dafault Coard

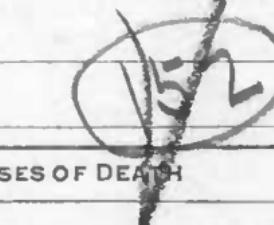
CERTIFICATE OF DEATH

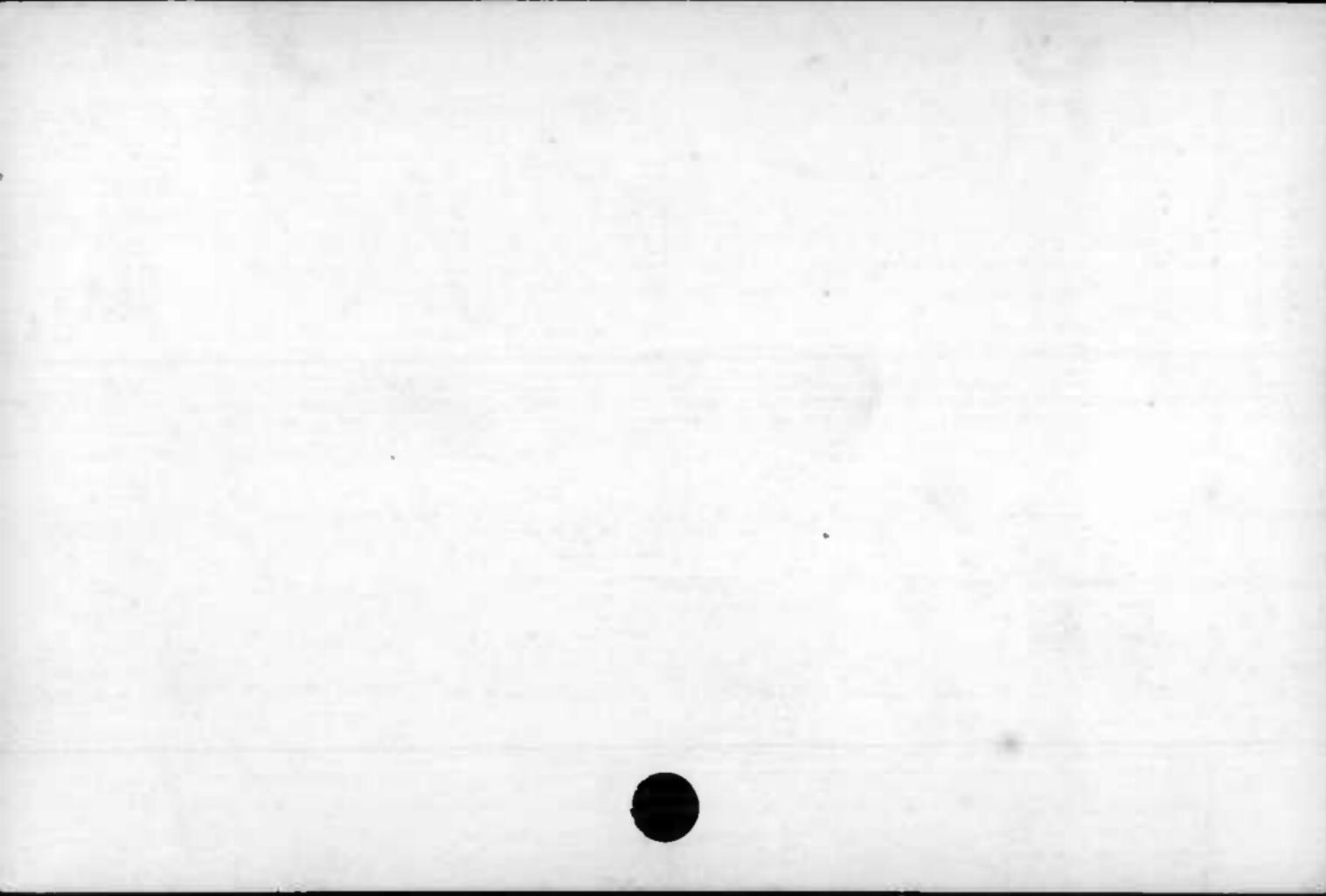
To BE ANSWERED BY

NEAREST FRIEND

Died at <u>near Berlin</u> Town		County <u>worcester</u>		MARYLAND	
Date of death <u>1905</u>	Month <u>Dec</u>	Day <u>3</u>	Age <u>2 days old</u>	Years <u>0</u>	Days <u>0</u>
Sex <u>female</u>	Color or Race <u>negr</u>	Birth-place <u>near Berlin</u>			
Occupation					
Married, Single or Widowed		Where Residing if not at place of death			
Name of Wife or Husband					
Father's Name	<u>Coard</u>				
Mother's Maiden Name					
Name of person giving Information					
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary				How long
	Immediate	<u>Bleeding at umbilicus</u>			<u>about hour</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		Address	
Accident or Suicide?					







Annie F. Farlow

Town

County

Died at

Ocean City - Worcester

MARYLAND

Date 1905	Month Dec	Day 17	Y. 55.	M.	D.	Native of Maryland	Occupation Housewife
Mate	White	Married	Widow	Divorced			
Female	Colored	Singl	Widower	Number of children living			two

Husband of
Wife

Joshua Farlow

Father's
Name

+ +

Mother's

Maiden Name

Cause of

Primary

How long sick

Death

Immediate

Acute Indigestion

10 hours

Accident, Suicide, Homicide

Reported by

J.B. Baggett M.D.

Address

Ocean City

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Infant -

Berry (M. M.)

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at	Town	County			MARYLAND	
Date of death	Month	Day	Years	Months	Days	
Sex	Male	Color or Race	Bk	Birth-place	End	
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Sy	Name of Wife or Husband				
Father's Name	Handy Berry			Father's Birthplace	End	
Mother's Maiden Name	Arylin			Mother's Birthplace	"	
Name of person giving Information	Friend Smith			House related to deceased	End	

CAUSES OF DEATH

Primary

Don't know

How long

5 or 6 hours

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

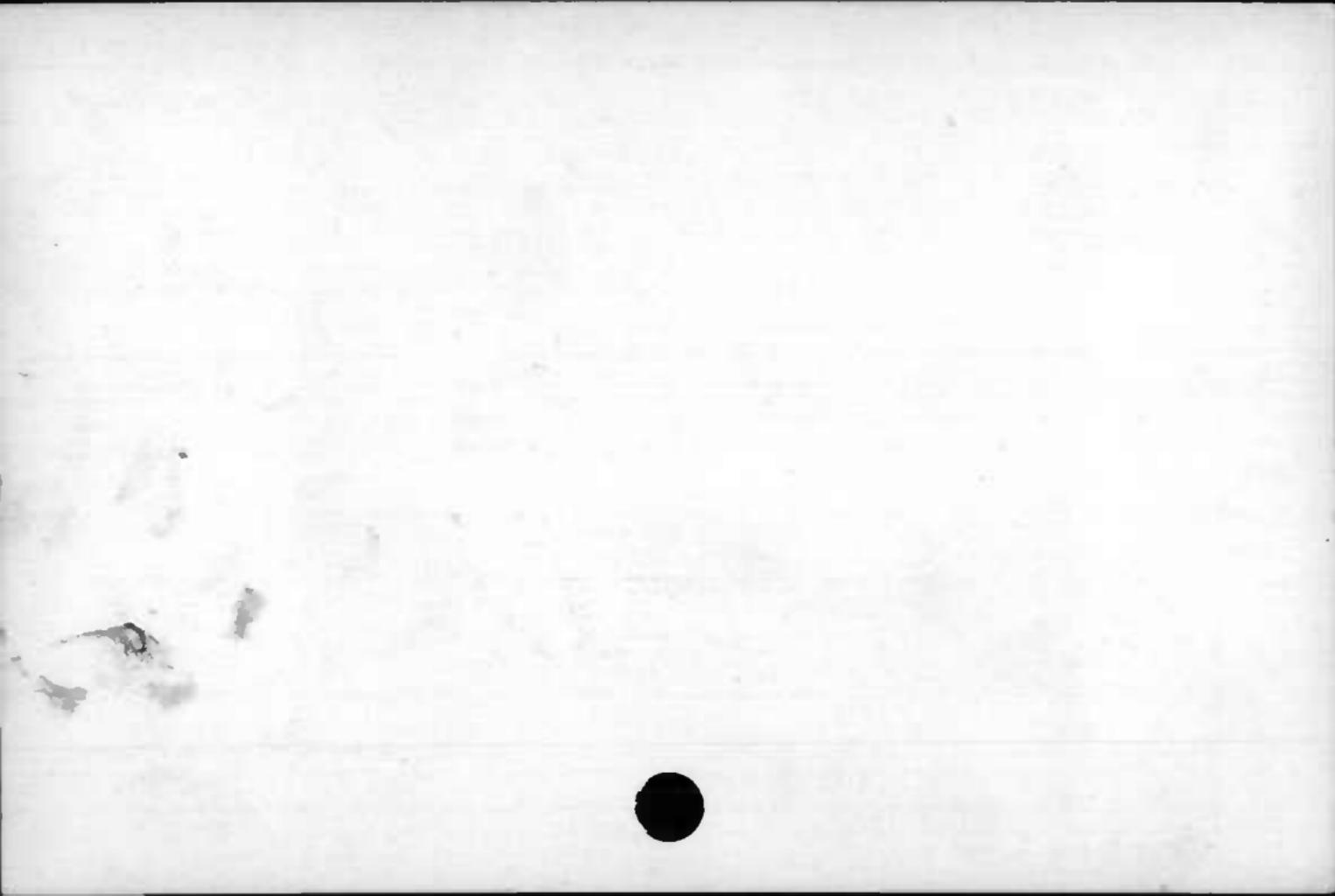
Had nose

Address

Some smoke
Tyroneville Md

PHYSICIAN
OR CORONER

Accident or Suicide?



Name
in
Full

Hazel Hartings

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
1905	see	5	Age	2	—
Sex	Color or Race	white	Birth-place	newark	
Occupation	Where Residing if not at place of death			—	
Married, Single or Widowed	Name of Wife or Husband			—	
Father's Name	Charles Hartings			Father's Birthplace	
Mother's Maiden Name	Hartings			Mother's Birthplace	
Name of person giving information				How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Immediate

Haematemesis

109

How long

How long

4 days

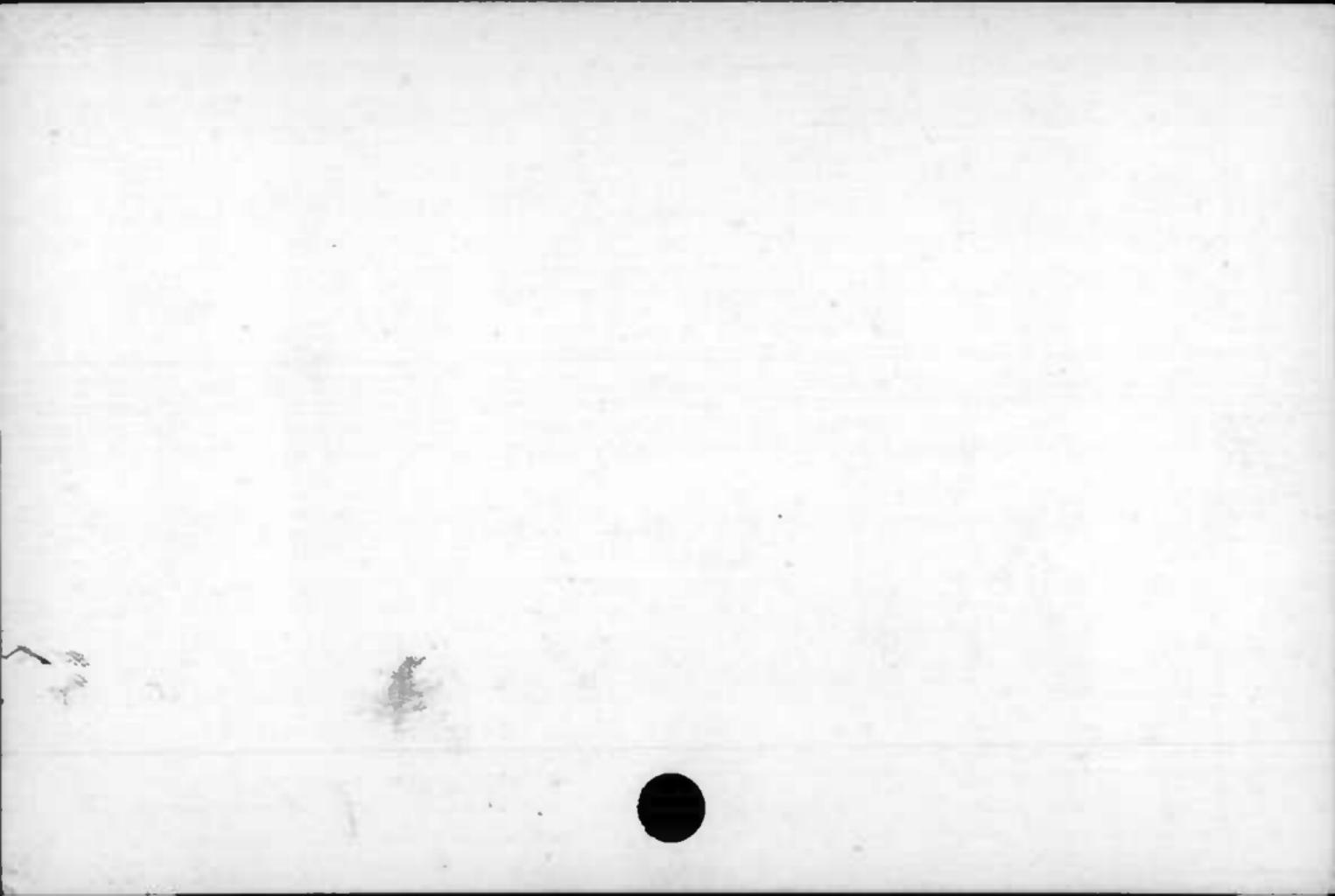
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Civ Dirickson
Berlin
Md

Accident or Suicide?



Name
in
Full

George Wesley Long

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

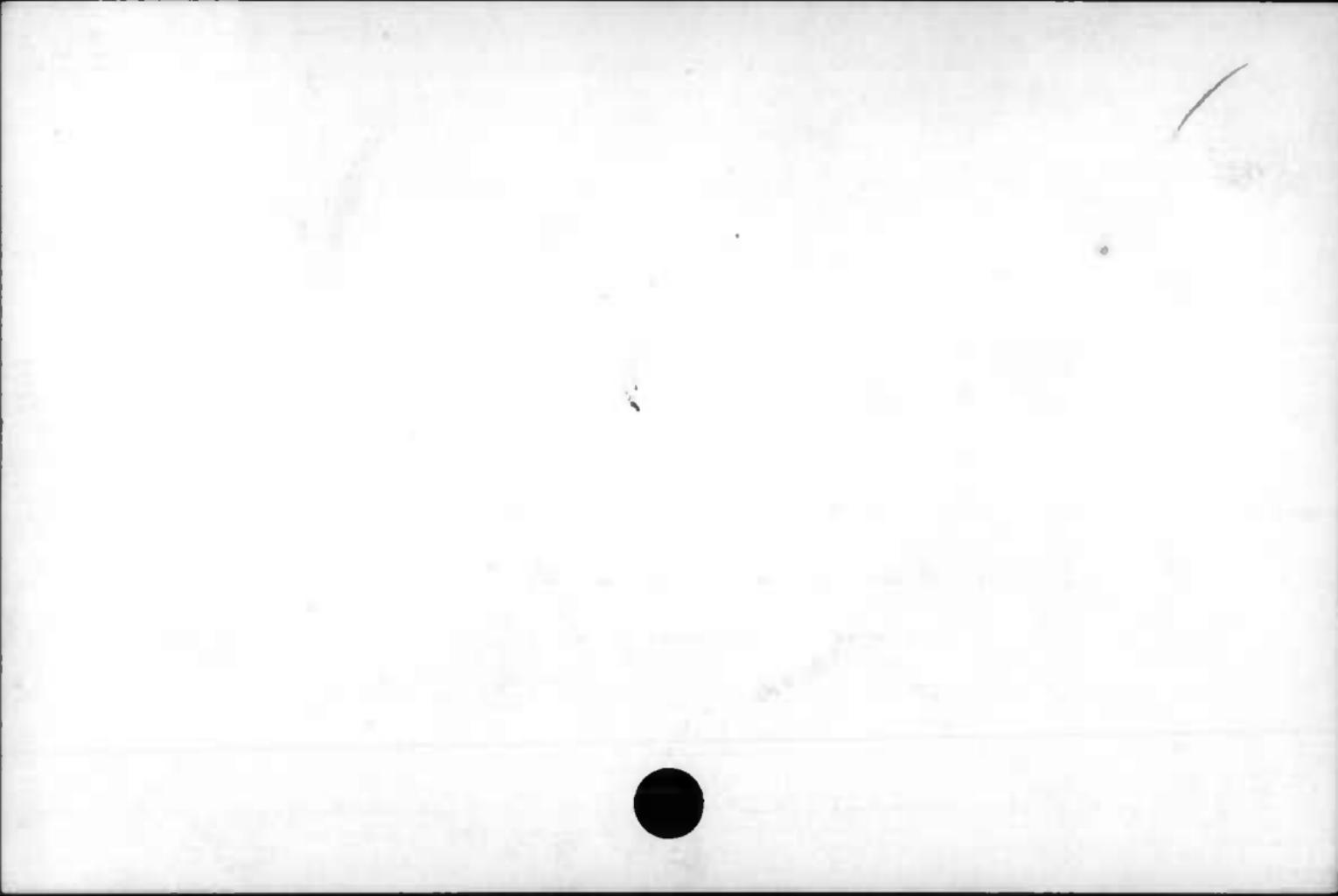
Died at	Town	County	MARYLAND		
Date of death 1905	Month 12	Day 20	Years	Months	Days
Sex male	Color or Race white	Birth-place	Pocomoke		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Rufus Long	Father's Birthplace	Md		
Mother's Maiden Name	Ocea Mason	Mother's Birthplace	Md		
Name of person giving information	How related to deceased				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Promature birth	18	How long
Immediate	Dilatation & Distress heart		How long since birth
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	N. N. Willis
		Address	Pocomoke City

Accident or Suicide?



Name
in
Full

George Harry Mann

12/23/1911

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Died at

Town
Stockton

County
Worcester

MARYLAND

Date
of death 190

Month
12

Day
1

Years

Months

Days

Sex

male

Color or
Race

beloved

Birth-
place

9

Virginia

Married, Single
or Widowed

Occupation

Name of Wife or
Husband

Father's
Name

Martin Maxwell

Father's
Birthplace

Mar

Mother's
Maiden Name

Savanna Fisher

Mother's
Birthplace

Mad

Name of person giving
Information

George Harry Mann

How related
to deceased

Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

604

How long

Immediate

Indigestion

How long

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

J

Accident or Suicide?

Name
in
Full

William H. Maxwell

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Died at	Town	County		MARYLAND		
Date of death	1905	Month 12	Day 3	Age 7	Years	Months Days
Sex male	Color or Race colored	Occupation		Birth-place Md.		
Married, Single or Widowed						
Name of Wife or Husband						
Father's Name	Martin Maxwell			Father's Birthplace	Md.	
Mother's Maiden Name	Savannah Fisher			Mother's Birthplace	..	
Name of person giving Information	Martin Maxwell			How related to deceased	Father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Acute Indigestion

How long

6 days

Immediate

Crushing

How long

14 hrs.

Are the name, age, sex, color, date and place correctly given above?

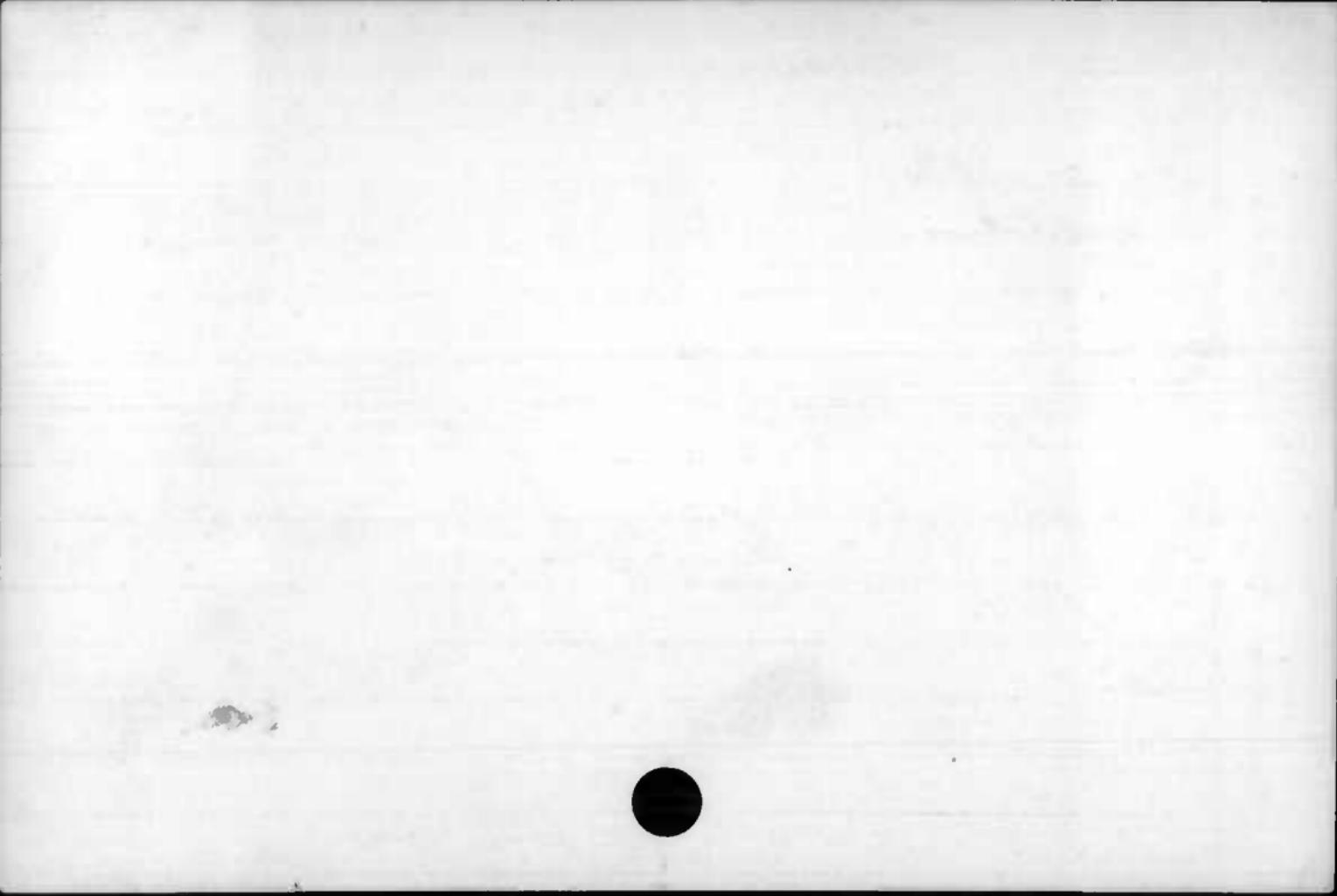
Yes

Signature of Physician

Address

W. D. Dickerson
Baltimore, Md.

Accident or Suicide?



Died at	Town		County				
	Ocean City		Worcester			MARYLAND	
Date 1908-	Month	Day	Y.	M.	D.	Native of	Occupation
	Dec	29	Still Born			Maryland	
	Male	White	Married	Widow	Divorced		
	Female	Colored	Single	Widower	Number of children living		None
Husband of							
Wife							
Father's Name	Thomas J. Moore			Mother's Maiden Name		Dorucilla Miles	
Cause of Death	Primary	Still-born	S.			How long sick	
	Immediate				Accident, Suicide, Homicide		
Reported by	J.B. Baggett M.D.						
Address	Ocean City - Md						

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Maggie Moore

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days	
1905	Dec	26	64	—	—	
Sex	Female	Color or Race	white	Birth-place	Wicomico Co'	
Occupation				Where Residing if not at place of death	—	
Married, Single or Widowed	Widow	Name of Wife or Husband	Mrs R. P. Moore			
Father's Name	—			Father's Birthplace	—	
Mother's Maiden Name	—			Mother's Birthplace	—	
Name of person giving Information	—			How related to deceased	—	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Paralysis

160

How long

3 weeks

Immediate

Heart Failure

How long

—

Are the name, age, sex, color, date and place correctly given above?

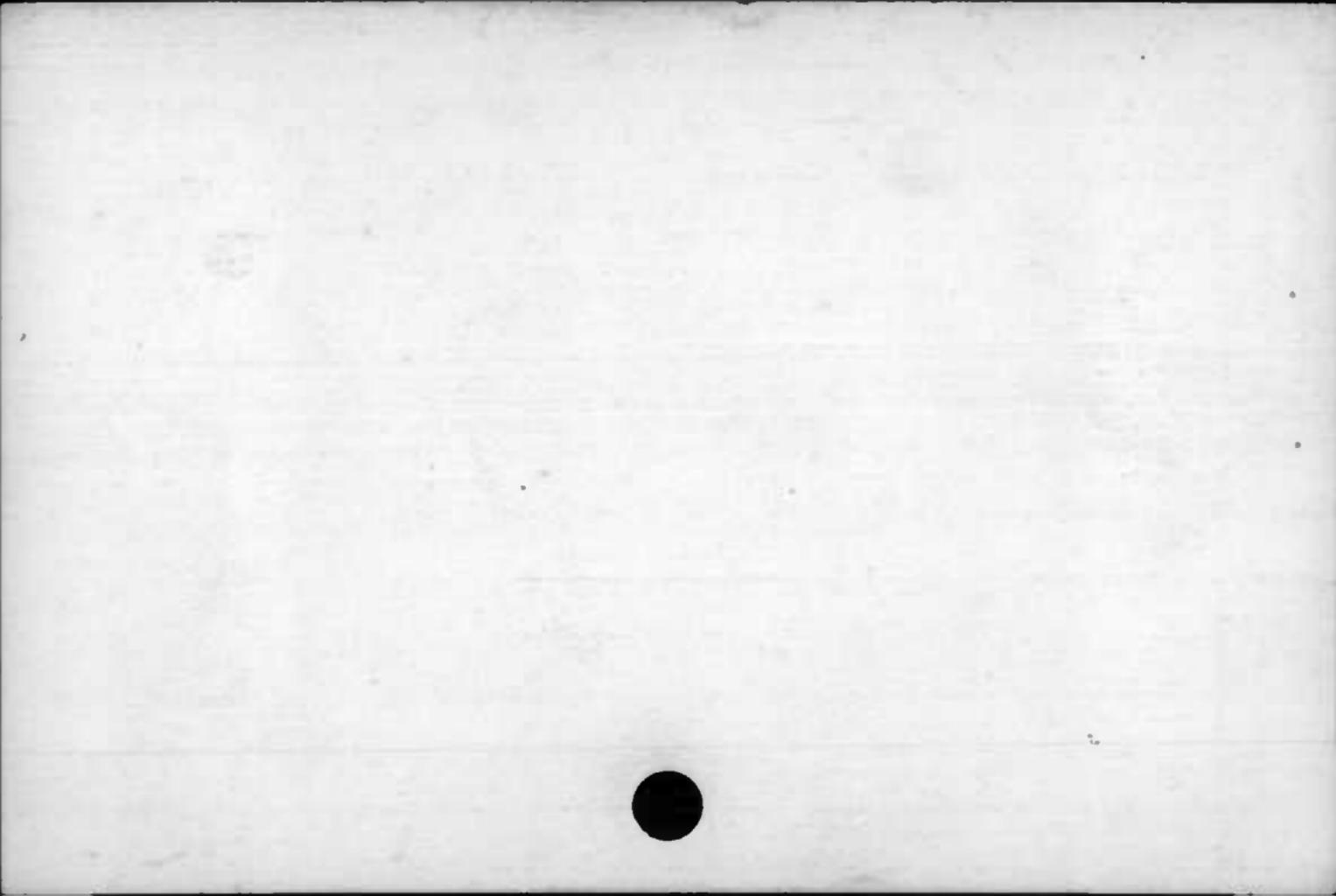
yes

Signature of Physician

Address

Blue Jones
Snow Hill Md

Accident or Suicide?



Name
in
Full

Harry M. Parson

CERTIFICATE OF DEATH

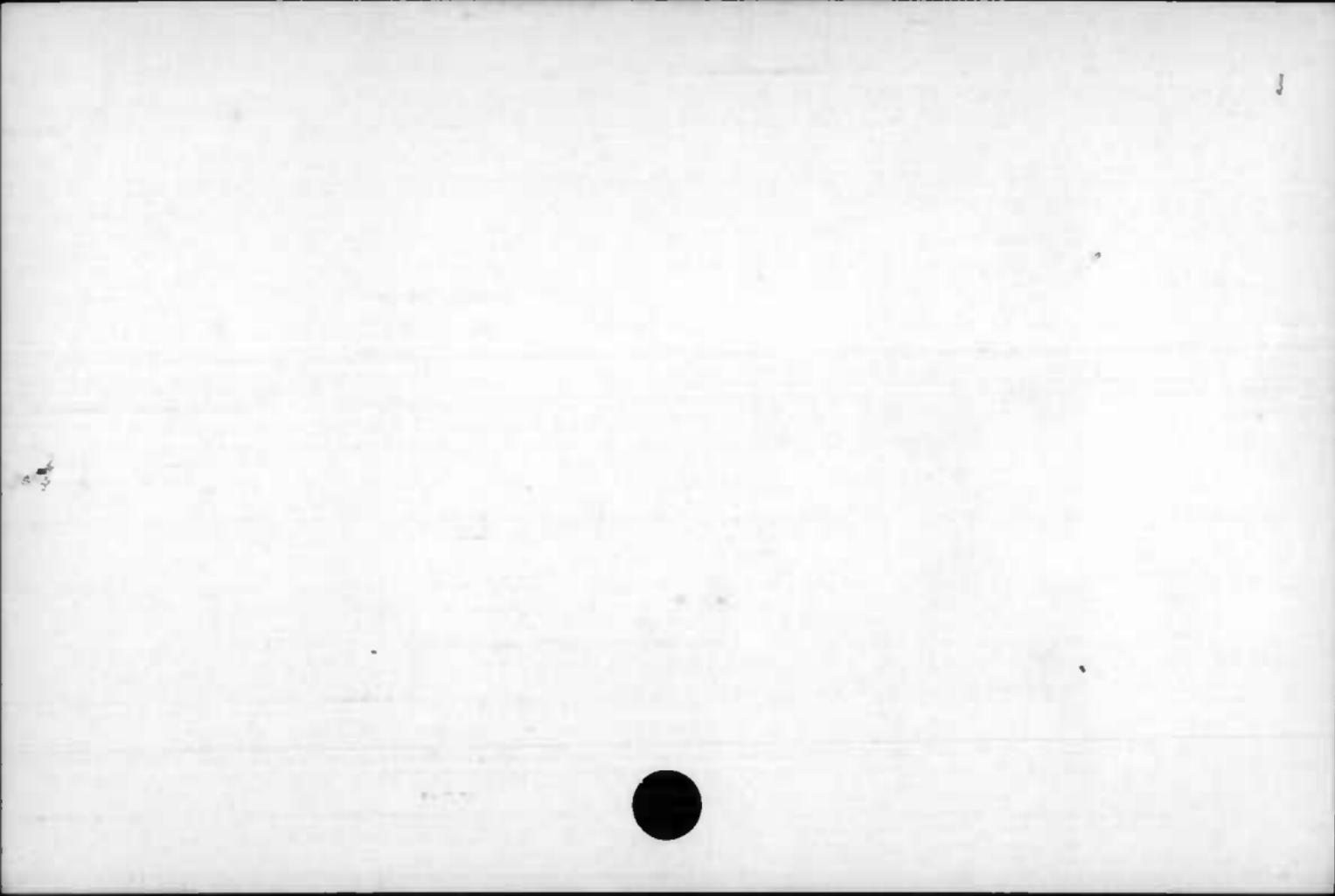
TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Died at	Stockton	Worcester			
Date of death	Month	Day	Years	Months	Days
1906	Dec	27	26	9	2
Sex	Male	Color or Race	white	Birth-place	Worcester Co
Married, Single or Widowed	Married	Occupation	Oyster-man		
Name of Wife or Husband	Barney Bennett				
Father's Name	Harry Parson				
Mother's Maiden Name	Stockton Tarr				
Name of person giving information	Lancaster Bennett				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Typhoid fever	How long	12 days
Immediate	Gastric trouble	How long	2 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	J.W.D. Dickerson M.D.
		Address	Stockton Worcester Co Md
Accident or Suicide?			



Name
in
Full

Fannie Payne

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Town	Pawomoke city		County	Worcester	
Died at	Month	Day	Years	Months	Days
Date of death	1905	Dec	10	Age	36
Sex	Female	Color or Race	White	Birth-place	Worcester Co
Occupation	Housewife		Where Residing if not at place of death	New Pawomoke	
Married, Single or Widowed	Maided	Name of Wife or Husband	Engine Payne	Father's Birthplace	Worcester Co
Father's Name	W T Boston			Mother's Birthplace	- "
Mother's Maiden Name	Helen Payne			How related to deceased	Brother
Name of person giving information	Raymond Boston				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Septic Fever

How long

4 Weeks

Immediate

Exhaustion

How long

Are the name, age, sex, color, date and place correctly given above?

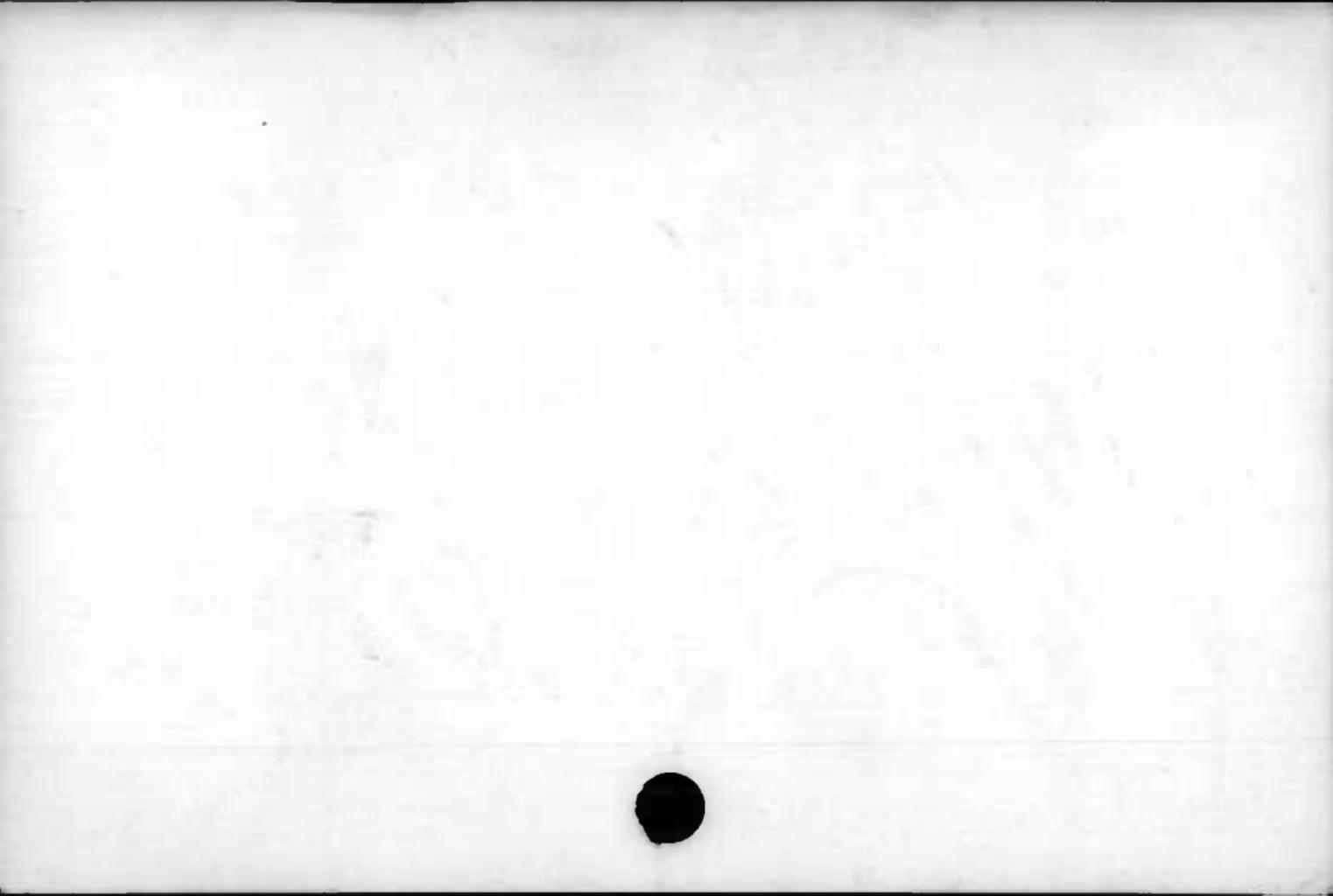
Yes

Signature of Physician

Address

Samuel J. Dunn
Pawomoke City Md

Accident or Suicide?



Name
in
Full

Stephen R Peacock

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death	Month	Day	Years	Munths Days
of death 1905	Dec	28	Age 59	5-
Sex	Male	Color or Race	White	Birth-place
Occupation			Where Residing if not at place of death	Pocomoke City
Married, Single or Widowed	Widow	Name of Wife or Husband	Susan Burdick	
Father's Name	Cornelius Peacock		Father's Birthplace	Somerset Co
Mother's Maiden Name	Elizabeth Lewis		Mother's Birthplace	Roxbury Co
Name of person giving information	Whitney Durack		How related to deceased	Brother-in-Law

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Alcoholism

56

How long

some years

Immediate

Ingestion & exhaustion

How long

3 weeks

Are the name, age, sex, color, date and place correctly given above?

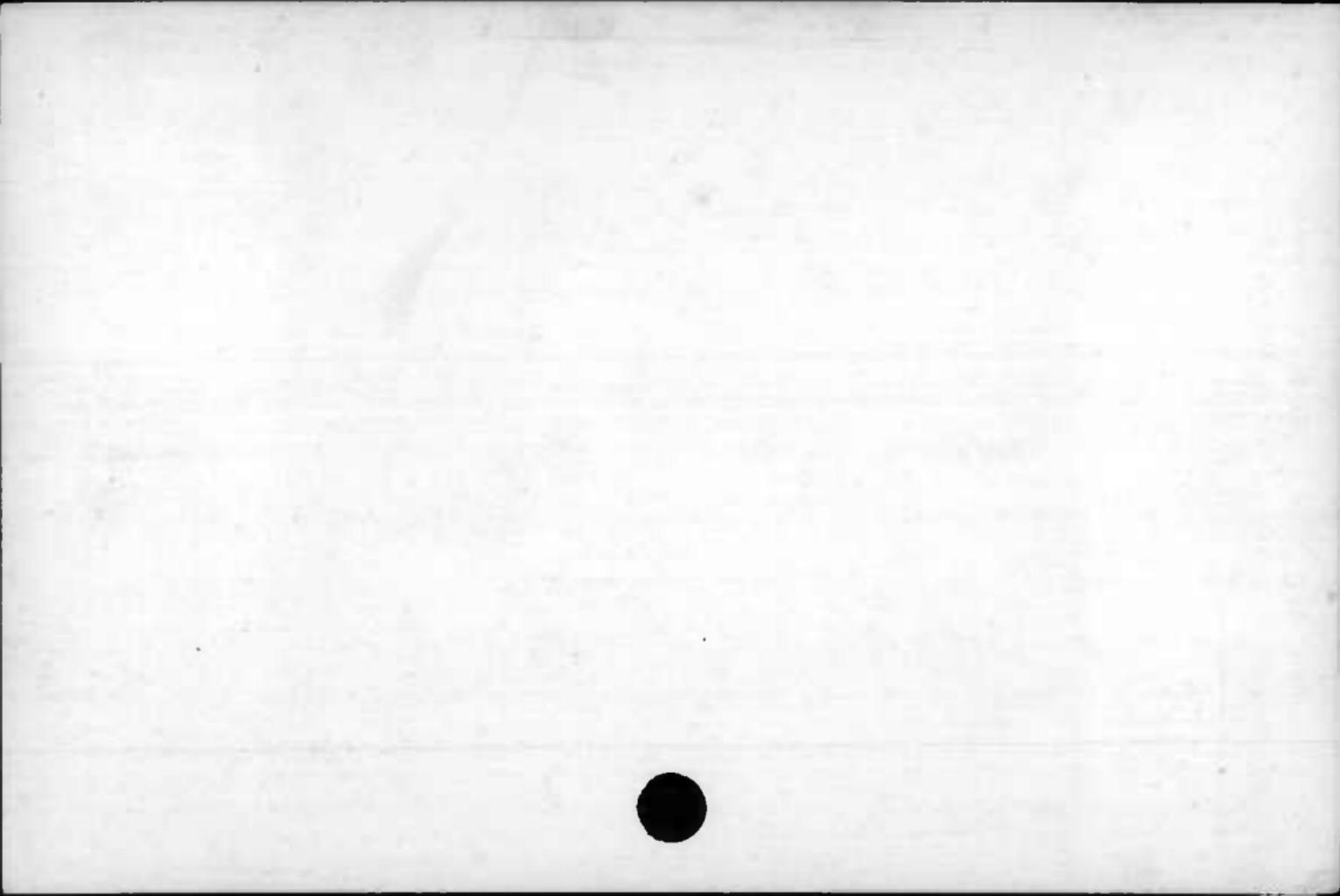
Yes

Signature of Physician

Address

Frank J. Curran
Pocomoke City Md

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

Died at		Town	Purnell M M		County		Wicomico	
Date of death 1906	Month Dec	Day 6	Years 1	Age 1	Months 0	Days 0	MARYLAND	
Sex Male	Color or Race Colored	Occupation		Birth-place Stockton				
Married, Single or Widowed								
Name of Wife or Husband								
Father's Name	Jas Purnell			Father's Birthplace		Md		
Mother's Maiden Name	Hettie Stevens			Mother's Birthplace		Md		
Name of person giving information	Jas Purnell	S.		How related to deceased		Father		

CAUSES OF DEATH

Primary	Still Born	How long
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician Address
Accident or Suicide?		J.W.D. Dickerson Stockton Wicomico Co Md



Name
in
Full

Edward Purnell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death 1905	Month December	Day 26 th	Age 52	Months Don't know Days Don't know
Sex male	Color or Race Negro	Occupation Day laborer	Birthplace Worcester Co. Md.	
Married, Single or Widowed	Married		Father's Name	Worcester Co.
Name of Wife or Husband	Leah Whittington		Mother's Name	Worcester Co.
Father's Name	Elisha Purnell		Father's Birthplace	Worcester Co.
Mother's Maiden Name	Mary Ann Jackson		Mother's Birthplace	Worcester Co.
Name of person giving information	William W. Purnell		How related to deceased	Brother

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Syphilitic Fever



How long 5 years

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

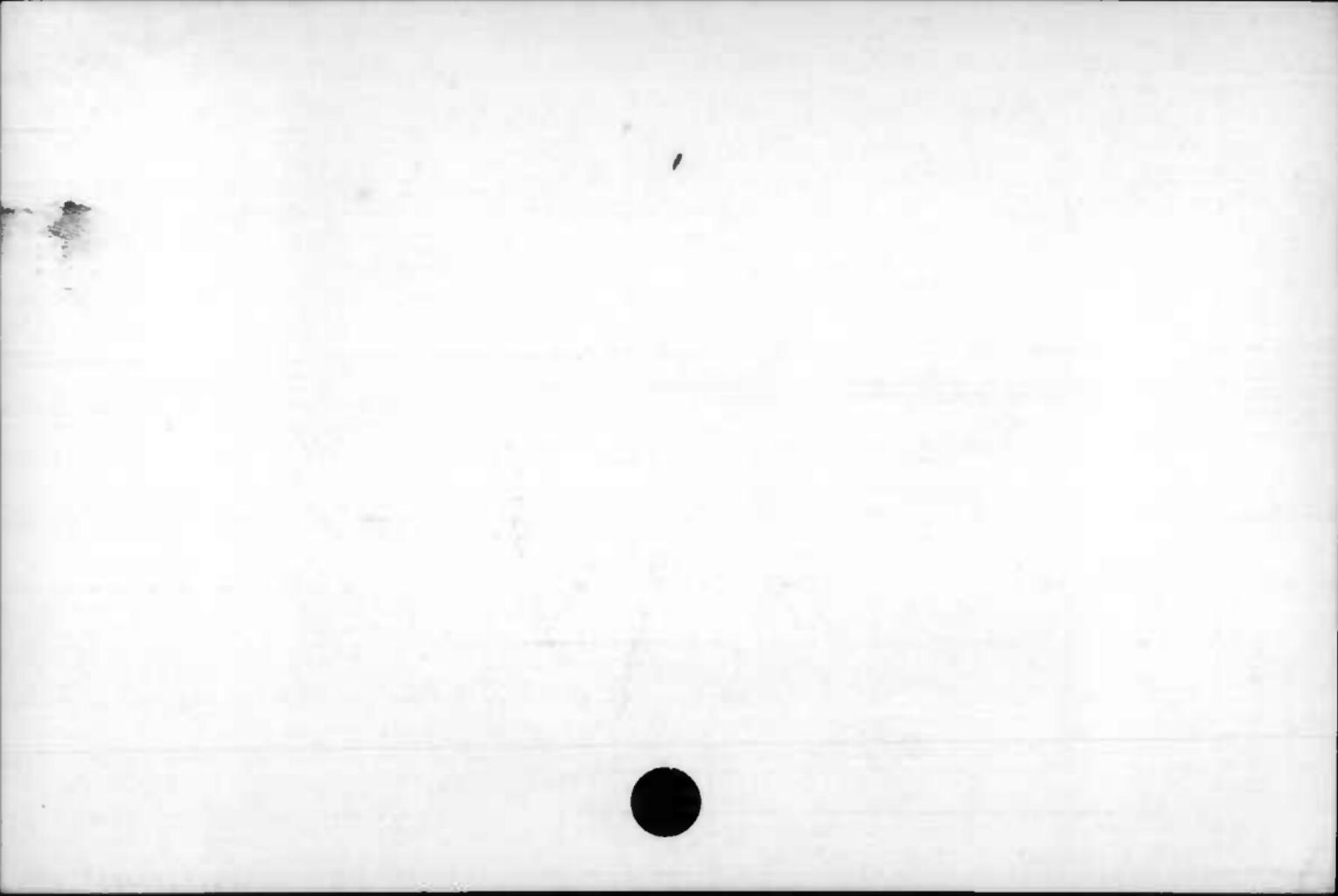
Signature of Physician

J. J. Parker

Address

Stockton - Worcester Co.
Maryland

Accident or Suicide?



Name
in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Fred Rennert

CERTIFICATE OF DEATH

Died at Snow Hill		Town	Worcester		County	MARYLAND	
Date of death 1905	Month Dec	Day 22	Age	Years	Months	Days	
Sex male	Color or Race white			Birth-place Snow Hill			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed Single	Name of Wife or Husband						
Father's Name James Repair				Father's Birthplace Snow Hill			
Mother's Maiden Name Bell Smullen				Mother's Birthplace Snow Hill			
Name of person giving information John J. Chapman				How related to deceased None			

CAUSES OF DEATH

Primary

Bronchopneumonia (92) Q22 one week

How long

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

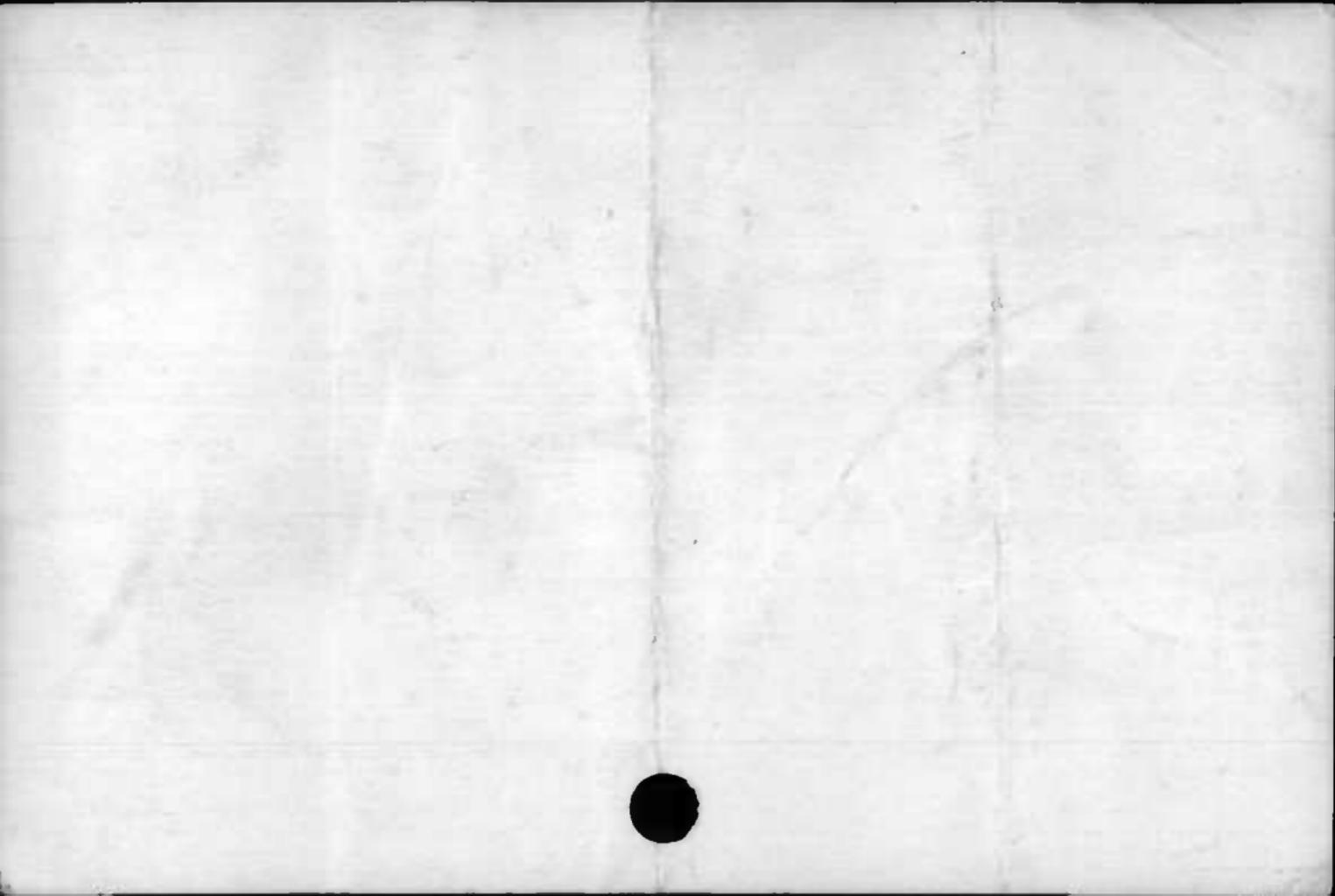
Yes

Signature of Physician

Address

W.R. Elliott
Snow Hill

Accident or Suicide?



Name
in
Full

Henry Slocomt

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death	Month	Year	Months	Days
Sex	Color or Race	Birth-place		
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband	Worchester Co Pocomoke City		
Father's Name	Herrutta Malteas			
Mother's Maiden Name	Worchester Co			
Name of person giving information	Fatty Roberts			
	Son-in-Law			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Le Gripppe

How long

11 days

Immediate

Pneumonia collapse

How long

4 3

Are the name, age, sex, color, date and place correctly given above?

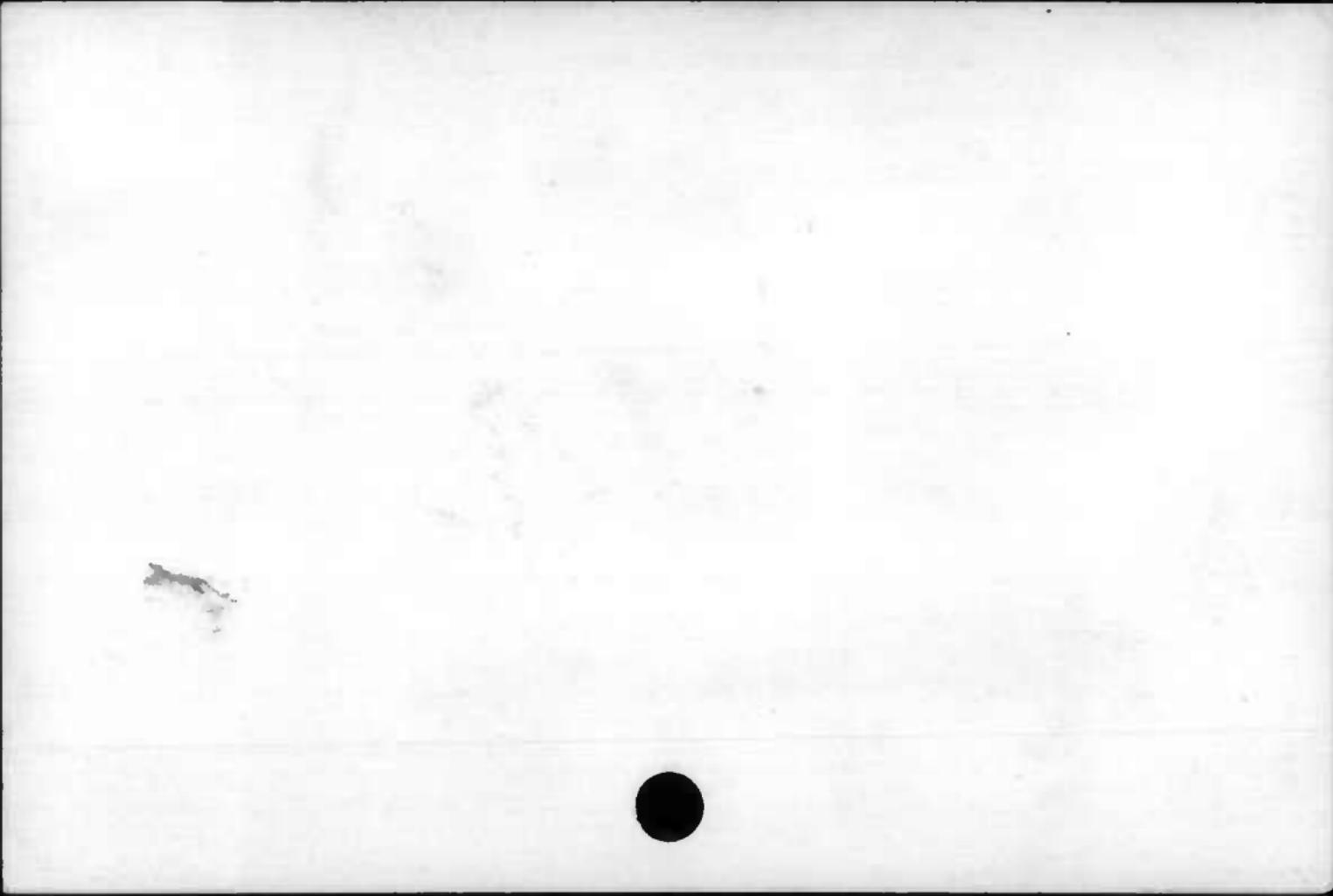
Yes

Signature of Physician

Address

Samuel J. Gurne
Pocomoke City

Accident or Suicide?



Name
in
Full

Mrs Emily Smith

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birth-place		
Occupation	Where Residing if not at place of death				
Married, Child	Name of Wife or Husband		H. A. Smith		
Father's Name	Father's Birthplace				
Mother's Maiden Name	Mother's Birthplace				
Name of person giving information	How related to deceased				

W. B. Collins ✓

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Pulmonary Tuberculosis. X

Immediate Exhaustion X

Are the name, age, sex, color, date and place correctly given above?

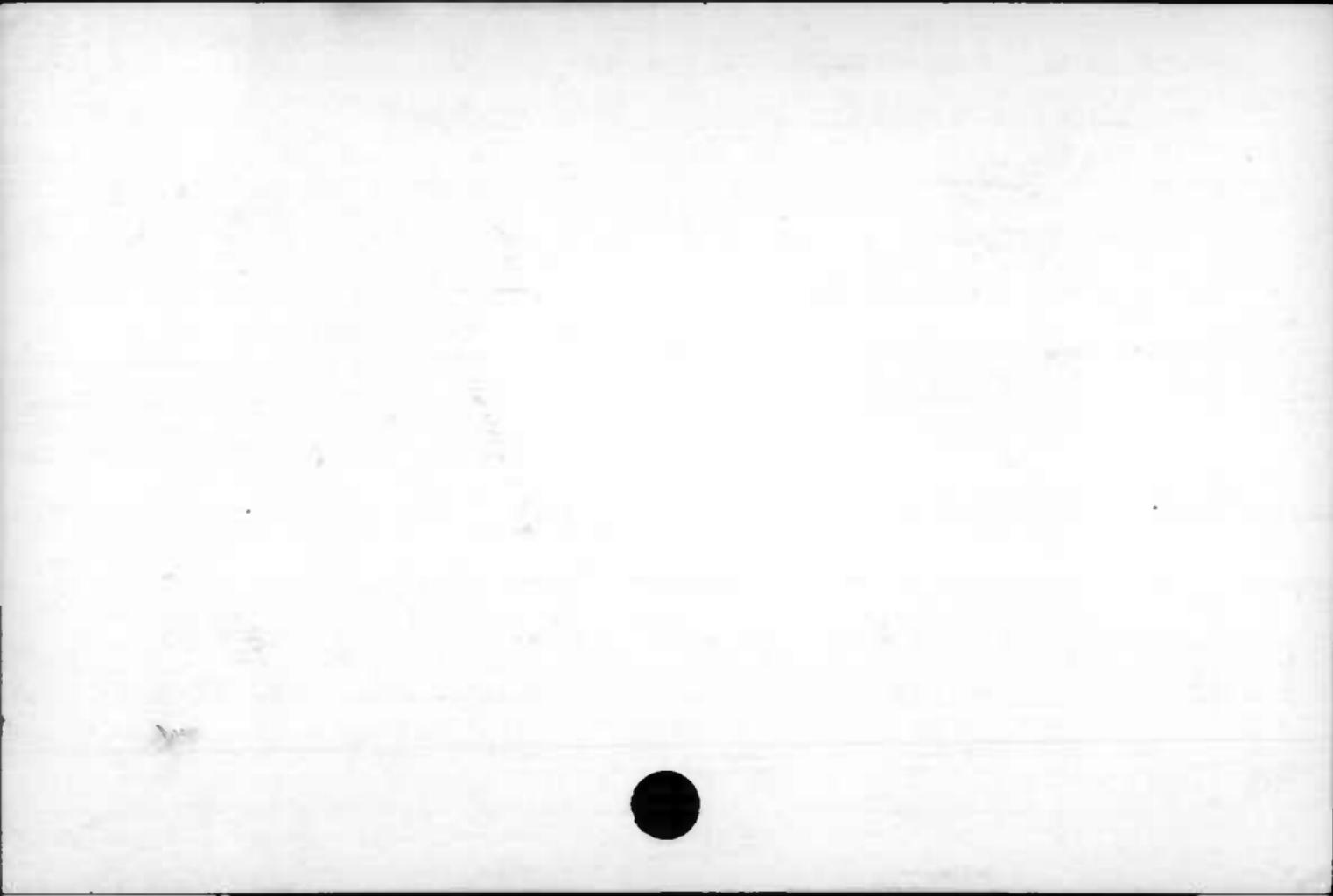
yes

Signature of Physician

Address

J. P. Henry, M.D.
Berlin, Md.

Accident or Suicide? X



Name
in
Full

Lettitia A. Staton

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at	Town	County	MARYLAND	
Date of death	Month	Day	Years	Months Days
Sex	Color or Race	Birth-place		
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband	Other sons house		
Father's Name	Daniel J. Staton			
Mother's Maiden Name	Brown	Worcester Co. Md.		
Name of person giving information	Wanna M. Staton	154	Son	

CAUSES OF DEATH

Primary	She had no Doctor had been feeble for a long time		How long
Immediate	Supposed to be Infirmities of old age		How long
Are the name, age, sex, color, date and place correctly given above?	Geo. C. Hill		Signature of Physician
	Undertaker		Address
Accident or Suicide?	Salisbury Md.		



Name
in
Full

Mrs Mary Warren

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1905	Month 12	Day 14	Years 70	Months —	Days —
Sex Female	Color or Race white	Birth-place End			
Occupation House Wife	Where Residing if not at place of death				
Married, Single or Widowed Widowed	Name of Wife or Husband Albert Warren	Father's Birthplace End			
Father's Name Peleg Rayne	Mother's Birthplace ..				
Mother's Maiden Name	How related to deceased				
Name of person giving information					

CAUSES OF DEATH

Primary

Inflammation of Liver

How long

4 Mo.

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Yrs

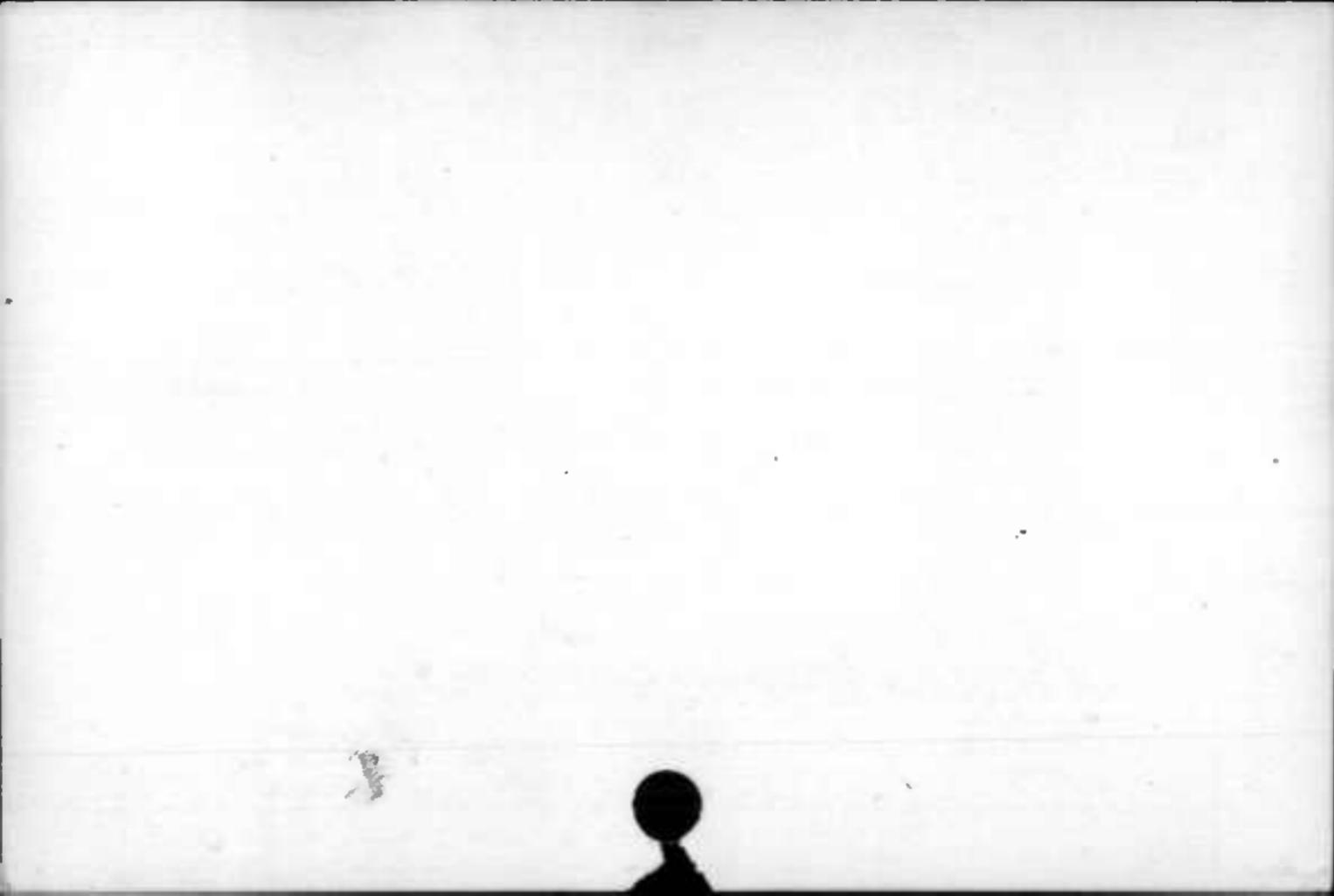
Signature of Physician

Address

Dr E. D. Dickinson
Berlinend

PHYSICIAN
OR CORONER

Accident or Suicide?



Name
in
Full

Ida A Wharton

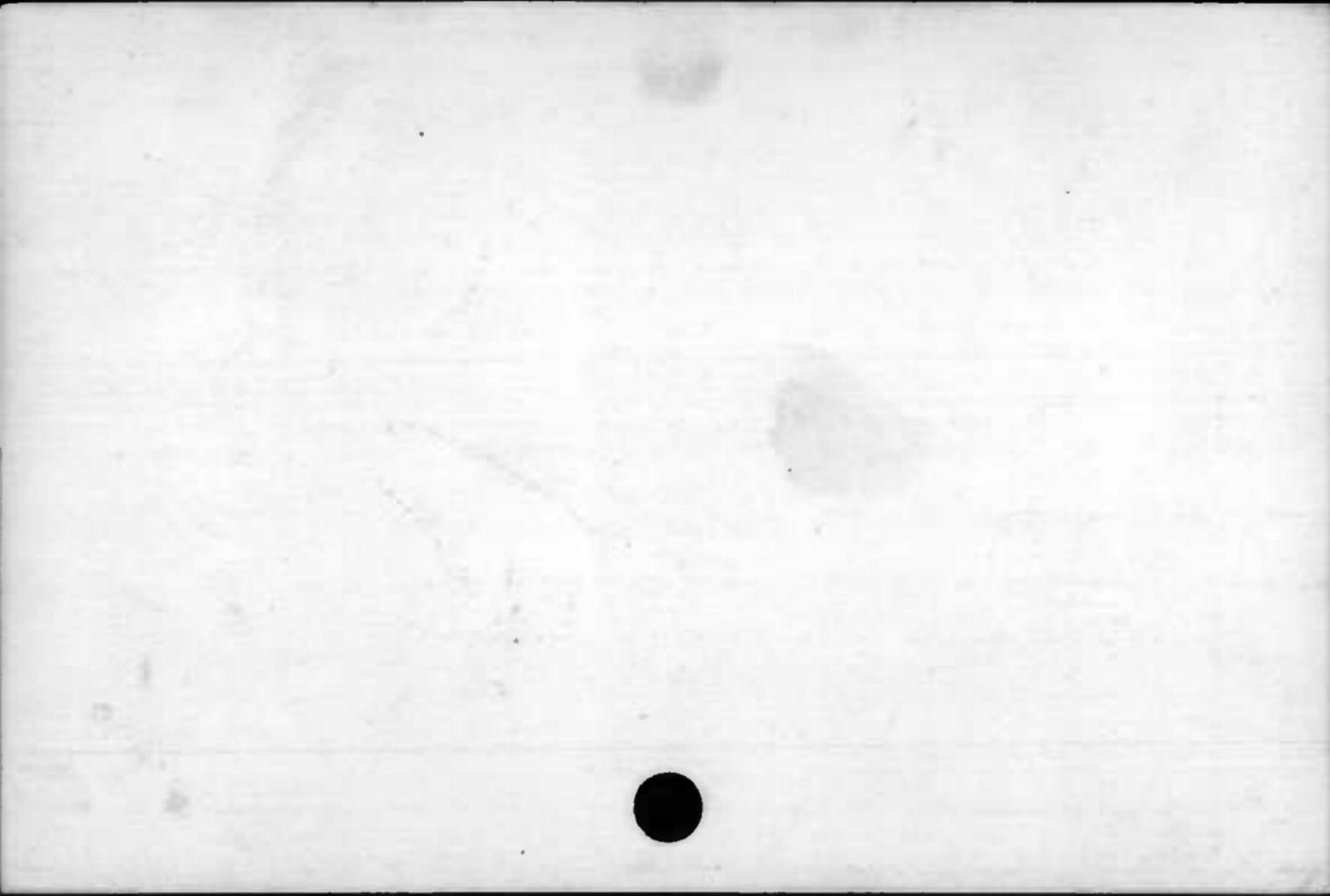
CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at		Town	County	MARYLAND		
Date of death	1905	Month Dec	Day 7	Years	Months	Days
Sex	Female	Color or Race	Colored	Age	4	
Occupation	Infant	Where Residing if not at place of death Powompatz				
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	Jas Wharton		Father's Birthplace	Accomack		
Mother's Maiden Name	Ida Drymmond		Mother's Birthplace			
Name of person giving information	Jas Wharton		How related to deceased	Father		
CAUSES OF DEATH						
Primary	Left Grippe			(X)	How long	3 Weeks
Immediate	Pneumonia Collapse				How long	
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician Jas Wharton			
			Address Powompatz			
Accident or Suicide?						

PHYSICIAN
OR CORONER



Name
in
Full

Henry Whastor

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name				Father's Birthplace	Acornas Co
Mother's Maiden Name	Ida Downnwood			Mother's Birthplace	" "
Name of person giving information	Father			How related to deceased	.

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Pneumonia
collapse



How long

1 Month

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

April 10 1905
Paxomoh City Md

Accident or Suicide?

